



National Registry of Genetically Triggered Thoracic Aortic Aneurysms and Cardiovascular Conditions (GenTAC)

March 2013

Message from Dr. Kim Eagle, Steering Committee Chair



This is the first of periodic newsletters about the GenTAC Registry and the exciting progress being made. We have over 3,330 people enrolled, and expect to have 3,500 people enrolled by September 2013, when enrollment ends.

The National Registry of Genetically Triggered Thoracic Aortic Aneurysms and Cardiovascular Conditions (GenTAC) was established in 2006 to enable research to advance the clinical management of patients with genetically induced thoracic aortic

aneurysms and related cardiovascular complications. It is funded by the National Heart, Lung and Blood Institute (NHLBI) and the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS). GenTAC developed standard methods for longitudinal clinical data collection and biospecimen collection. Data include confirmed phenotype, genotype, interpretation of images by a central imaging lab, characteristics of patients undergoing surgical repair of aneurysms and their clinical outcomes, and extensive organ system information related to these conditions. Biospecimens include DNA, plasma, immortalized lymphocytes and surgical tissue. These resources are available through an application process to investigators interested in advancing the fundamental understanding of genetic aortic aneurysms and management of afflicted patients.

Taken at the Second GenTAC Thoracic Aortic Summit in 2012



Bill Ravekes and Kathy Holmes



Reed Pyeritz and Meg Cunningham



Jo Grima and Eser Tolunay

Recent Publications

- Kroner BL, Tolunay HE, Basson CT, Pyeritz RE, Holmes KW, Maslen CL, Milewicz DM, Lemaire SA, Hendershot T, Desvigne-Nickens P, Devereux RB, Dietz HC, Song HK, Ringer D, Mitchell M, Weinsaft JW, Ravekes W, Menashe V, Eagle KA; *The National Registry of Genetically Triggered Thoracic Aortic Aneurysms and Cardiovascular Conditions (GenTAC): Results from phase I and scientific opportunities in phase II*. Am Heart J. 2011;162(4):627-632. PMCID: PMC3190125
- Song HK, Kindem M, Bavaria JE, Dietz HC, Milewicz DM, Devereux RB, Eagle KA, Maslen CL, Kroner BL, Pyeritz RE, Holmes KW, Weinsaft JW, Menashe V, Ravekes W, Lemaire SA; *Genetically Triggered Thoracic Aortic Aneurysms and Cardiovascular Conditions Consortium: Long-term implications of emergency versus elective proximal aortic surgery in patients with Marfan syndrome in the Genetically Triggered Thoracic Aortic Aneurysms and Cardiovascular Conditions Consortium Registry*. J Thorac Cardiovasc Surg. 2012;143(2):282-6. PMCID: PMC3260411
- Holmes KW, Maslen CL, Kindem M, Kroner BL, Song HK, Ravekes W, Dietz HC, Weinsaft JW, Roman MJ, Devereux RB, Pyeritz RE, Bavaria J, Milewski K, Milewicz DM, LeMaire SA, Hendershot T, Eagle KA, Tolunay HE, Desvigne-Nickens P, and Silberbach M for the GenTAC Registry Consortium; *GenTAC Registry Report: Gender Differences Among Individuals with Genetically-Triggered Thoracic Aortic Aneurysm and Dissection*. Am J Med Genet (in press).

Abstracts

- The relationship between aortic and PA diameter among individuals with genetic conditions of the thoracic aorta: A report from the NIH GenTAC Registry. Arteriosclerosis, Thrombosis, and Vascular Biology, April 2012.
- The National Registry of Genetically Triggered Thoracic Aortic Aneurysms (GenTAC): Registry Progress and Research Successes. The American Society of Human Genetics, November 2012.
- Utilization and Outcomes of Valve Sparing Aortic Root Replacement in Patients with Marfan Syndrome Enrolled in the National Registry of Genetically Triggered Thoracic Aortic Aneurysms and Cardiovascular Conditions (GenTAC). The Society of Thoracic Surgeons, January 2013.

Steering Committee Members

Principal Investigators

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NHLBI

Eser H. Tolunay, PhD	National Heart, Lung, and Blood Institute
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SC Chair

Kim A. Eagle, MD	University of Michigan
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Taken at the Second GenTAC
Thoracic Aortic Summit in 2012



Cheryl Maslen and Michael Silberbach

2012 Highlights

- On August 1-2, GenTAC hosted the second Thoracic Aortic Disease Summit. Attended by over 140 people from across the country, it was a great opportunity to share current findings regarding disease pathogenesis, progression, and treatment and to initiate new collaborations. The next GenTAC Summit will be held in Baltimore, MD in 2014 in connection with the 30th Annual National Marfan Foundation Conference.
- Dr. Simon Body received an NIH grant to study the genetic mechanisms of bicuspid aortic valve (BAV), one of GenTAC's eligibility diagnoses. We are very excited to be collaborating with Dr. Body on this groundbreaking research project.

Do you have a research interest in genetically triggered thoracic aortic conditions?

GenTAC makes its collection of medical data and biologic samples available at no cost to qualified investigators. Your work can help determine best practices that advance the clinical management of genetic aortic aneurysms and other cardiovascular conditions.

A Snapshot of Who is Enrolled in GenTAC

Number of people enrolled:	3332	Eligible Diagnosis		Age	
Biospecimens		Marfan:	852	<5	95
Blood:	1924	Turner:	246	5–17	531
Saliva:	1159	Ehlers-Danlos (vascular):	128	18–39	1003
Tissue:	137	Ehlers-Danlos (other):	20	40–69	1525
Gender		Loeys-Dietz:	92	>69	114
Male:	1968	FBN1, TGFBR mutation:	25	Race	
Female:	1336	BAV with aortic enlargement or family history:	849	White, non-Hispanic	2695
		BAV with coarctation:	75	Black, non-Hispanic	166
		Shprintzen-Goldberg:	22	Hispanic	259
		Familial TAA:	290	Asian	126
		Other aneurysm, dissections:	585	American Indian/Alaskan native	13
		Other congenital heart disease:	92	Native Hawaiian/Pac. Islander	42

» To submit a proposal to use GenTAC data or for more information, visit our website: <http://gentac.rti.org>.